

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---------------|------------------------------|---|
| Applicant(s): | Bethany Kniffin Hoogs et al. | : |
| | | : |
| Serial No.: | 10/676,928 | : |
| | | : |
| Filed: | September 30, 2003 | : |
| | | : |
| For: | METHOD, SYSTEM AND | : |
| | COMPUTER PRODUCT FOR | : |
| | ANALYZING BUSINESS RISK | : |
| | USING EVENT INFORMATION | : |
| | EXTRACTED FROM NATURAL | : |
| | LANGUAGE SOURCES | : |

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment in response to Office Action dated May 26, 2010 (20 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|--|--------------------------------|-------------------------------------|
| <input type="checkbox"/> first month | \$ 130.00 | \$ 65.00 |
| <input checked="" type="checkbox"/> second month | \$ 490.00 | \$ 245.00 |
| <input type="checkbox"/> third month | \$ 1,110.00 | \$ 555.00 |
| <input type="checkbox"/> fourth month | \$ 1,730.00 | \$ 865.00 |
| <input type="checkbox"/> fifth month | \$ 2,350.00 | \$1,175.00 |
| | Fee Due | \$ 490.00 |

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | (Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA | SMALL ENTITY | OTHER THAN SMALL ENTITY |
|-----------------|---|---|------------------------------|----------------------------|----------------------------------|
| | | | | ADDITIONAL RATE FEE | ADDITIONAL RATE FEE |
| | MINUS | | = | x \$26.00 = \$ | x \$52.00 = \$ |
| TOTAL INDEP. | | | = | x \$110.00 = \$ | x \$220.00 = \$ |
| | MINUS | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | + \$195.00 = \$ | + \$390.00 = \$ |
| | | | | TOTAL ADDITIONAL FEE \$ | OR TOTAL ADDITIONAL FEE \$ |

- (a)
- ☒
- No additional fee for Claims is required

OR

- (b)
- ☐
- Total additional fee for claims required \$

FEE PAYMENT

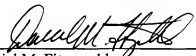
5. Attached is a check in the sum of \$

☒ Charge Deposit Account No. 01-2384 the sum of \$490.00
A duplicate of this transmittal is attached.**FEE DEFICIENCY**

- 6.
- ☒
- If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

- 7.
- ☐
- Other:


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